



4362 Peachtree Rd
Brookhaven, GA 30319
Main 404-637-0500
Fax 404-637-0501
www.brookhavenga.gov

**Background Check Consent Form
– For Boards Commissions and
Trustees of the
City of Brookhaven**

I authorize the **Brookhaven Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: _____

Maiden Name/Previous Name/Alias Info: _____

Date: _____ Telephone Number: _____

Email address: _____

Are you a U.S. Citizen? Yes _____ No _____

If no, you will need to have your Green Card available. Country of Birth: _____

Date of Birth: _____ Race: _____ Sex: _____ Social Sec#: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____

Please return form to:

City Clerk's Office

Susan.hiott@brookhavenga.gov

404-637-0464

Or, you can leave form at front desk at City Hall, 4362 Peachtree Road in a sealed envelope.

Or, you can upload form in the City's confidential application portal at <https://www.brookhavenga.gov/bc>. Please click the *Apply* button and begin completing application. You can upload resumes, bios, and forms in this site/portal.

Thank you.